



Department of
Education

Tennessee Early
Intervention System

Tennessee Early Intervention System

COVID-19 Guidance and Resources for Early Intervention Service Providers

Tennessee Department of Education | 2020

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Overview

Purpose of Document

This document contains all of the guidance and resources for Tennessee's Early Intervention System (TEIS) service providers throughout the COVID-19 outbreak. Each resource will show the date it was issued, and new guidance will be added to this document as it is issued. The guidance in this document is ordered from most recent to oldest. During this unprecedented health crisis, TEIS strives to protect the health and well-being of our children and families served—as well as our staff and service providers—while continuing to deliver services to children and families with disabilities to the extent possible. Please note: the guidance in this document is not intended to be construed as health advice. Any inquiries from families specific to COVID-19 should be referred to the [Tennessee Department of Health](#) or their local healthcare provider. The Tennessee Department of Education has setup a [central email address](#) for family questions related to COVID-19.

How to Get Updates

As new information is added, this document will be updated on the [TEIS website](#). Additional information will be available in the TEIS Update newsletter. To sign up for the TEIS Update newsletter, email Shannon.Pargin@tn.gov.

TEIS will be hosting weekly, virtual office hours throughout the duration of the COVID-19 outbreak. There will be separate office hours for both early intervention resource agencies (EIRAs) and for vendors. The office hours will be one hour per week. If you are a contracted agency with TEIS and are not receiving notice of the office hours, please email Jill.Rigsby@tn.gov.

As always, thank you for your continued support to children and families during this situation. Please reach out to the following individuals with any questions or concerns:

[Dr. Gabrielle Madison](#), TEIS Assistant Commissioner

[Joan Kennedy](#), TEIS Director, Part C Coordinator

[Jill Rigsby](#), TEIS Director, Early Intervention Programming

Guidance Documents and Frequently Asked Questions

****NEW* April 14, 2020 – Frequently Asked Questions from the April 8, 2020 Virtual Office Hours***

Frequently Asked Questions

COVID-19 Response for TEIS Early Intervention Service Providers

The following questions and answers were generated during the virtual TEIS office hours held with the TEIS early intervention provider community on Wednesday, April 8, 2020. These calls will continue to be held weekly throughout the duration of the COVID-19 outbreak in order to address the concerns of providing early intervention services during these unprecedented times. As this situation develops, we will continue to address new concerns.

Early Intervention Resource Agencies (EIRAs)

- 1. Is TEIS mailing out the letter to families and caregivers referenced in the TEIS *COVID-19 Guidance and Resources for Early Intervention Service Providers* or has it already been mailed out? I wanted to get clarity on this before sending anything out.**

This letter has already been provided to families by their TEIS service coordinator. It was also translated into Spanish and Arabic.

- 2. Co-visits are allowed up to six times a year per child. During this time of crisis, may we be allowed more than six visits during the year?**

Yes. With parent/caregiver consent, TEIS will allow unlimited co-visits between early interventionists and other providers using teleconferencing until further notice. Early interventionists should follow previous guidance related to documentation of visits.

- 3. Can you provide clarification on the definition of “new” families and documentation guidance?**

“New” families means children referred who have not yet received a service. The referral date may be before or after the suspension of face-to-face visits on March 16, 2020. Refer to previous guidance for service delivery documentation guidelines. All services added to IFSPs as

of the date of the date of this guidance (April 14, 2020), will be documented as delivered in a setting of “other”.

4. When a family does not “show up” for a teleconference session, is this counted as a no-show?

The current attendance policies an agency would use for face-to-face visits still apply for visits provided via teleconference. If it has been determined that the family has capacity to participate in a teleconference visit, and the family has been contacted and has agreed to the date and time established for the visit, but is not “online” at the time of the visit nor have they contacted the provider prior to the scheduled visit, then the visit is counted as a “no-show.” Staff are encouraged to review the resources found in this document, which may provide helpful tips to assist families in successful participation in teleconference visits.

5. What is the guidance around what is done for families who neither the early interventionist nor the service coordinator can get in contact with in any way?

The early interventionist and the child’s service coordinator should be in communication to ensure that all reasonable efforts have been made to contact the family. Document efforts in the contact log. Do not close the child’s file unless specifically requested by the family.

6. Can TEIS provide guidance on how to manage families that have not had an updated annual IFSP due to COVID-19? Since the services on the IFSP expired, we no longer have access in TEIDS to them. Since services have not been extended on the IFSP, does that mean we suspend service delivery until the annual has been completed?

Current policies still apply in this instance. IFSP services will be suspended until an IFSP meeting can be held by phone or teleconference for the purpose of extending or updating services. Please contact the service coordinator to begin this process. Once face-to-face visits resume, the IFSP team will need to meet to complete a more comprehensive annual IFSP update that includes obtaining present levels of development and a review and update of IFSP goals.

7. In the April 7 FAQ, you noted that the state was investigating ways to complete eligibility evaluations and AEPS assessments via teleconference. Do you have a proposed timeline for when a procedure for doing these will be approved?

TEIS leadership is currently developing processes for evaluation agencies and point of entry offices around evaluation and eligibility. More information as it relates to EIRAs will be forthcoming. Previous guidance is still applicable for administration of the AEPS until further notice.

8. If a child ages out during this time period, is the child being discharged from TEIS? Should we continue to make contact with the family past the child's third birthday?

Children who turn three during this time will be discharged from TEIS services. TEIS leadership is meeting with the Department of Education Assistant Commissioner for Special Populations and 619 Coordinator to develop guidance to support families of children who turn three during the COVID-19 pandemic. More information is forthcoming. Service coordinators will work with local education agency (LEA) representatives to provide updates to families who aged out as information is received.

9. Can service coordinators participate in developmental therapy home visits using the EIRA's teleconference platform and count that visit as a targeted case management (TCM) if the platform is different than WebEx?

Guidance is currently being developed to support the delivery of TCM visits via a teleconference format. More information is forthcoming.

10. Who do we contact to support equity access of families for technology to support teleconference visits?

TEIS recommends agencies review the website in the resources section of this document, particularly the [Tennessee Department of Economic and Community Development website on broadband support during COVID-19](#).

11. How do we address a situation where a family is dressed inappropriately for a teleconference session? What if we have expressed to them that their attire is inappropriate for the session and they are still dressed in that manner for the next session?

It is important during this time that your individual agency policies and procedures are followed regardless of the "method" of service delivery. If your agency has a policy that addresses a particular situation during home visits, then it is appropriate for the agency to

continue to enforce the policy for visits delivered via teleconference. However, it is also important that TEIS services are delivered to eligible children to the extent possible. Service coordinators should always be notified of concerns or barriers to service delivery.

12. Can EIRAs bill TEIS for the amount of work the early interventionists are completing that is not a direct service?

Yes, this is part of providing the service of developmental therapy and allowed per the terms of the contract. EIRAs should follow their usual monthly billing practices.

13. In the last FAQ you said to document “ongoing” missed visits by completing a service log for the first missed visit and contact logs for others. If we have already put in multiple service logs for missed visits prior to receiving your guidance, do we need to request to have them deleted?

No. You can follow the guidance from this point forward.

14. How do EIRAs with vendor contracts for AEPS assessments manage the backlog of children that are not receiving developmental therapy that are needing AEPS assessments?

AEPS assessments will not be added as a service on any initial IFSPs developed from the date of this guidance until further notice. Previous guidance is still applicable related to the suspension of the administration of the AEPS until further notice.

15. Should we complete the *Progress to Goals Report*, even though the AEPS is not completed?

Yes, early interventionists should complete the *Progress to Goals Report* prior to six-month and annual IFSP review meetings using information gained during visits.

Vendors

1. Can TEIS provide guidance on how to manage families that have not had an updated annual IFSP due to COVID-19? Since the services on the IFSP expired, we no longer have access in TEIDS to them. Since services have not been extended on the IFSP, does that mean we suspend service delivery until the annual has been completed?

Current policies still apply in this instance. IFSP services will be suspended until an IFSP meeting can be held by phone or teleconference for the purpose of extending or updating

services. Please contact the service coordinator to begin this process. Once face-to-face visits resume, the IFSP team will need to meet to complete a more comprehensive annual IFSP update that includes obtaining present levels of development and a review and update of IFSP goals.

2. If a family decides that they want to change from one 60 minute visit to two 30 minute visits per week, how do we document in TEIDS for reimbursement?

Vendor services should be delivered as established on the IFSP.

3. Is there a way for TEIS to support vendors whose therapists are spending quite a bit of time working with families through phone calls, email, and postal mail, who either cannot or choose not to participate in teleconference visits?

The current structure established for vendors to provide services is via teleconference, which is the only billable option at this time. Vendors should maintain ongoing communication with families who cannot participate in teleconference visits.

4. Will payments for vendors be delayed during the summer months?

The State of Tennessee enters into a period of time at the beginning of each fiscal year when payments to state vendors are delayed due to an annual accrual process. Departments are not given an exact framework of time for when the process will be completed. The TEIS fiscal services team is continuing to work diligently to keep vendor payments current so that vendors/EIRAs experience minimal financial hardship related to the accrual shutdown period.

5. How do we process teleconference visits for children for whom TEIS is sole payor for services?

Current policies still apply in this case. All TEIS sole payer services are set for automatic payment based on the documentation entered in the service log. Teleconference visits will be paid at the maximum liability rate for the service as provided in a clinic setting.

April 7, 2020 – Frequently Asked Questions from the April 1, 2020 Virtual Office Hours

Frequently Asked Questions COVID-19 Response for TEIS Early Intervention Service Providers

The following questions and answers were generated during the virtual TEIS office hours held with the TEIS early intervention provider community on Wednesday, April 1, 2020. These calls will continue to be held weekly throughout the duration of the COVID-19 outbreak in order to address the concerns of providing early intervention services during these unprecedented times. As this situation develops, we will continue to address new concerns.

Early Intervention Resource Agencies (EIRAs)

1. Can we complete Assessment, Evaluation, and Programming System (AEPS) assessments with families using teleconferencing?

AEPS assessments cannot be completed via teleconferencing or by phone at this time. AEPS assessments that were partially completed prior to cessation of face-to-face visits on March 16 should not be finished at this time. TEIS is working with Brooks Publishing, the manufacturer of the instrument, to develop procedures for completing AEPS assessments remotely in a manner that upholds the validity and reliability of the assessment data.

2. If a visit is scheduled for an hour but the family does not want to use the full time, how should we document this?

If using teleconferencing, the early interventionist (EI) should record the actual time in the service log. If using the phone, the EI should include the time spent on the call in the contact log.

3. When we go into homes, we usually allow time at end of each session to enter notes. With teleconferencing, can EIs still document an hour but take the last few minutes to write the note without keeping the parent on the line?

The TEIDS note needs to reflect the actual time spent with the family, and the TEIDS notes need to be completed after the visit has ended.

4. Can we provide initial developmental therapy services to families using teleconferencing?

Agencies may begin to provide a new service of developmental therapy. Agencies do not need to conduct an AEPS assessment to begin a new service.

5. Can we do co-visiting with other service providers using teleconferencing?

Co-visiting with an EI and another member of the IFSP team via teleconferencing is allowed as long as the family consents and a Health Information Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) compliant platform is used. This service can be documented in the service log as a developmental therapy visit.

6. How do we document ongoing missed visits?

Absences due to either the provider or family's inability to access teleconferencing services or due to the family declining to receive the service at this time will be documented as follows: the first absence is documented in the service log, and all subsequent absences are documented in the contact log. EIs should continue to contact the child and family's service coordinator to check in after the first documented absence to offer support. Phone calls, emails, and texts with families should be documented in the contact log.

7. How should we handle getting our internal agency forms signed by parents?

Agencies that have internal documents that require parent signature should work within their own agencies to develop policies for securely obtaining parent signature.

8. How do we document if a family requests splitting a one hour session to two half hour sessions per week and we are able to accommodate that request?

As previously stated in guidance, TEIS recommends services continue to be provided at the frequency/intensity listed on the IFSP. If a family requests their total service hours per week be divided into smaller visits, and the agency is willing and able to accommodate that request, then only one visit will be documented in the service log and the other will be documented in the contact log. The shorter visits cannot exceed the total weekly service hours designated on the IFSP.

9. Can we use interpreters for visits provided via teleconferencing?

Yes, interpreters may be used for visits provided through teleconferencing. EIRAs should use their regular procedures for scheduling an interpreter.

10. Are we still required to complete home visit observations and TEIDS service log reviews?

Home visit observations and TEIDS service log reviews have been suspended until further notice.

Vendors

1. We have therapy assistants working with us, I know it is a different rate. During this time, can it be same rate as PT or does it need to stay different?

The maximum rates for each service that is specified in the contract will not change. However, as indicated in the March 30 FAQ document, during the COVID-19 outbreak while social distancing measures are in place, TEIS will allow for payment up to the TEIS contract maximum liability rate for clinic-based services delivered via teleconference using a HIPAA and FERPA compliant platform. Vendors should continue to follow regular processing procedures and submit claims to insurance first and then to TEIS. This guidance may be updated as insurance and Medicaid regulations change in response to this situation. This guidance applies only to service provided via teleconference. This means that TEIS will pay up to the maximum liability rate for each service as specified in the contract.

2. What do we need to submit to be reimbursed for teleconference services?

Since TEIS is processing the teleconference services differently than the typical process, please submit a list of children who received teleconference services along with the date of service and the service provided. TEIS fiscal services team staff will use this to ensure teleconference visits are processed correctly.

3. What about children with IFSPs that are expiring? Will those be extended?

TEIS is working with the federal Office of Special Education Program (OSEP) and other Part C programs for guidance on this matter and hopes to have a resolution soon.

4. We had started telehealth, but evidently, we have been denied payment from insurance based on being a hospital? We have kids coming out of ICU we deem essential, should we refer to TEIS or just bring back into clinic to see us first?

TEIS has released guidance about our payment procedures for early intervention services provided via teleconferencing. If your agency opts not to offer teleconference service at this time, we recommend discussing all available options with the parent and let them decide. TEIS is accepting referrals and is actively working with our evaluation agencies and the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) on procedures for moving forward with eligibility for new referrals.

Service Coordinators

1. Can we complete targeted case management visits (TCMs) using teleconferencing?

TEIS is very excited to announce that TCM visits can now be completed through teleconferencing. Visits should be completed using a HIPAA/FERPA compliant platform. TEIS is working on setting up the appropriate forms, teleconferencing access, and training for service coordinators. Additional information will be provided soon. If families cannot use teleconferencing, service coordinators will continue to use phone calls. Phone calls cannot be counted as TCM visits.

Evaluation Agencies

1. We know you are actively working on developing a process for resuming eligibility determinations for children, but how can we best support children and families in the meantime?

Continue to call parents/caregivers of new referrals and explain the situation, answer parents' questions, and follow up with updates. Provide them with helpful resources and websites like the CDC's [Learn the Signs, Act Early](#) campaign that provides a developmental milestone tracker and free activities and tips for parents and caregivers.

March 31, 2020 – Updated Guidance to Early Intervention Service Providers

TO: Early Intervention Service Providers
FROM: Joan Kennedy, TEIS Director Part C Coordinator
Jill Rigsby, TEIS Director of Early Intervention Programming
SUBJECT: Guidance for Early Intervention Service Provision during COVID-19 Outbreak

This guidance outlining procedures during the COVID-19 outbreak is effective as of the date of this communication and approved until further notice. This serves as an update and extension to the guidance provided on March 16, 2020. Notification will be provided to service providers of any updates or further guidance. The guidance below is intended to protect the health of the children served by the Tennessee Early Intervention System (TEIS), as well as staff and service providers. TEIS utilized the [March 2020 guidance from the federal Office of Special Education Programs \(OSEP\)](#), which gives states authority to use Individuals with Disabilities Education Act (IDEA) Part C funds for activities that directly relate to providing, and ensuring the continuity of, Part C services to eligible children and their families.

Service Coordinators:

- Continue to suspend all face-to-face visits with children and families.
- Provide service coordination through phone and teleconferencing.
- Teleconferencing is approved for Health Information Portability and Accountability Act (HIPAA)/Family Educational Rights and Privacy Act (FERPA) compliant platforms only. (Note: FaceTime is not a HIPAA/FERPA compliant platform.)
- If they have not already done so, district administrators must email Joan.Kennedy@tn.gov to inform the Tennessee Department of Education (the department) of which platform(s) their staff are using.
- At this time, visits completed through phone or teleconferencing may not be counted as targeted case management visits (TCMs).
- Document service coordination activities in the contact logs, noting activities completed via phone or teleconference.
- Upon instruction from the department, the services on a child's Individualized Family Service Plan (IFSP) must resume as soon as possible. Once services resume, the service coordinator and TEIS providers must determine if the child's service needs have changed, determine whether the IFSP Team should review the child's IFSP to identify whether any changes are needed, and consider whether compensatory services are needed.
- Service coordinators should keep clear documentation of any delays related to compliance indicators due to efforts to prevent the spread of COVID-19.

Early Intervention Resource Agencies (EIRAs):

- Continue to suspend all face-to-face visits, including home visits, visits to childcare centers and homes, and visits for completion of Assessment, Evaluation, and Programming System (AEPS) assessments.
- Continue to suspend all center-based services. Teleconferencing is recommended to support families during this time.
- Teleconferencing is approved for Health Information Portability and Accountability Act (HIPAA)/Family Educational Rights and Privacy Act (FERPA) compliant platforms only. (Note: FaceTime is not a HIPAA/FERPA compliant platform.) Agencies must email Jill.Rigsby@tn.gov to inform the department of which platform(s) their staff are using. However, it is the EIRA's sole responsibility to ensure privacy compliance in accordance with the terms of the contract, including determining if the platform is HIPAA/FERPA compliant.
- The monthly attendance percentage requirement has been waived until further notice. Agencies should submit monthly invoices and attendance reports as usual to Barbara.Bridges@tn.gov for payment.
- Visits with families completed using teleconferencing may be documented in the service log using the setting of "other". Specify that services were delivered via teleconference in the service log note. All other types of support provided to families (email, phone calls, etc.) are encouraged and should be documented in the contact log.
- Agencies should document clearly any delays in timely service delivery, cancellations of visits, or other challenges in service delivery to families due to efforts to prevent the spread of COVID-19.
- To the extent possible, agencies shall deliver IFSP at the frequency and intensity currently listed on the IFSP unless the family requests otherwise. TEIS understands families may request to shorten the duration of sessions or temporarily suspend services. These instances should be documented in the contact log and/or service log as appropriate.
- Agencies should not close a child's services unless specifically requested by the family to do so. If requested to close, agencies should notify the child's service coordinator. The service coordinator should then follow the "parent withdrawal" protocol outlined in the *TEIS Operations Manual for Field Staff*.

Vendors:

- TEIS recommends that vendors continue to discontinue face-to-face visits and move toward delivering services remotely. Teleconferencing is approved for Health Information Portability and Accountability Act (HIPAA)/Family Educational Rights and Privacy Act (FERPA) compliant platforms only. (Note: FaceTime is not a HIPAA/FERPA compliant platform.)

Agencies must email Jill.Rigsby@tn.gov to inform the department of which platform(s) their staff are using. However, it is the EIRA's sole responsibility to ensure privacy compliance in accordance with the terms of the contract, including determining if the platform is HIPAA/FERPA compliant. For services delivered via teleconference, the setting is "other" on the service log. Specify teleconference in the service log note. All other types of support provided to families (email, phone calls, etc.) are encouraged and should be documented in the contact log.

- For services delivered via teleconference, vendors should bill insurance and/or TennCare as first payers and submit an Explanation of Benefits (EOB) to TEIS for secondary payment as usual.
- Agencies should document clearly any delays in timely service delivery due to efforts to prevent the spread of COVID-19 in the contact log.
- To the extent possible, IFSP services should be delivered at the frequency and intensity currently listed on the IFSP. TEIS understands families may request to shorten the duration of sessions or temporarily suspend services. These instances should be documented in the contact log and/or service log as appropriate.
- Agencies should not close a child's services unless specifically requested by the family to do so. If requested to close, agencies should notify the child's service coordinator. The service coordinator should then follow the "parent withdrawal" protocol outlined in the *TEIS Operations Manual for Field Staff*.

Eligibility Evaluation Agencies:

- Suspend all face-to-face visits, including eligibility evaluations. TEIS is currently working with local and national partners to explore options to move forward with eligibility for new referrals.
- Submit monthly invoices to TEIS as usual.
- Agencies should document clearly any delays in timely service delivery due to efforts to prevent the spread of COVID-19.

March 30, 2020 – Frequently Asked Questions from the March 25, 2020 Office Hours Phone Conferences

Frequently Asked Questions COVID-19 Response for TEIS Early Intervention Service Providers

The following questions and answers were generated during the virtual TEIS office hours for vendors and early intervention resource agencies (EIRAs) on Wednesday, March 25, 2020. These calls will continue to be held weekly throughout the duration of the COVID-19 outbreak in order to address the concerns of providing early intervention services during these unprecedented times. As this situation develops, we will continue to address new concerns.

Vendors

1. Can initial evaluations be provided through the teleconference format?

Yes. However, it is the agency's responsibility to ensure that services provided using the teleconference format are within the guidelines of the therapeutic service professional association and licensure standards. The resources at the link below include state telehealth laws and reimbursement policies as well as information from therapy professional associations. <https://ectacenter.org/topics/disaster/tele-intervention.asp>

2. Can initial services be started from evaluations that were administered prior to the change in face-to-face sessions?

Yes. However, it is the agency's responsibility to ensure that services provided using the teleconference format are within the guidelines of the therapeutic service professional association and licensure standards. The resources at the link below include state telehealth laws and reimbursement policies as well as information from therapy professional associations. <https://ectacenter.org/topics/disaster/tele-intervention.asp>

3. Can the Assessment, Evaluation, and Programming System (AEPS) assessments for children continue to be completed via teleconference?

At this time, TEIS is suspending administration of the AEPS assessment. TEIS leadership is working with national and state partners to determine the best course of action related to the administration of the AEPS in the event of long-term social distancing measures.

4. Will reimbursement rates that are currently in the contract stay the same if services are provided via telehealth?

Yes, all contract maximum liability rates of service delivery will be upheld for the remainder of the contract cycle.

5. Will TEIS pay up to the maximum liability rate in the contract if insurance pays a “discounted” rate for telehealth that is less than the typical reimbursement rate for services?

Yes. During this unprecedented crisis, TEIS’s primary objective is to ensure continued support to children with disabilities and their families is provided to whatever extent is possible. Given this, TEIS leadership has made the decision to waive the usual fiscal services processing policies, which reimburse up to the insurance/TennCare maximum liability rate. During the COVID-19 outbreak while social distancing measures are in place, TEIS will allow for payment up to the TEIS contract maximum liability rate for clinic-based services delivered via teleconference using a Health Information Portability and Accountability Act (HIPAA) or Family Educational Rights and Privacy Act (FERPA) compliant platform. Vendors should continue to follow regular processing procedures and submit claims to insurance first and then to TEIS. This guidance may be updated as insurance and Medicaid regulations change in response to this situation. This guidance applies only to service provided via teleconference.

6. Will TEIS provide agencies resources on how to provide services through a teleconference method?

Yes. Resources can be found in the [Resources](#) section of this document.

7. What does the future look like for eligibility evaluations?

Because it requires face-to-face evaluation of the child, at this time TEIS is suspending administration of the Battelle Developmental Inventory, 2nd Edition (BDI-2) for the purposes of determining a child’s eligibility for TEIS services. TEIS leadership is working with national and state partners to determine the best course of action related to the administration of the BDI-2 for eligibility determination in the event of long-term social distancing measures.

8. Does TEIS have any information on insurance codes for billing related to telehealth reimbursement?

At this time, TEIS does not have information regarding appropriate insurance codes for the provision of teleconference sessions within the early intervention field. TEIS recommends that agencies contact insurance providers as well as other partner agencies to inquire as to the appropriate codes for the service provided.

9. Has there been a discussion around extending TEIS eligibility beyond three years to provide services that were “missed” during the shutdown?

TEIS leadership is working with national and state partners to determine the best course of action related to the provision of services on a child’s Individualized Family Service Plan (IFSP) that were not able to be provided due to service provider and/or parent capacity during the observation of social distancing measures. As stated in the guidance TEIS issued to service providers on March 16, 2020, upon the lifting of social distancing measures, the services on a child’s IFSP must resume as soon as possible. Once services resume, the service coordinator and TEIS providers must determine if the child’s service needs have changed, determine whether the IFSP Team should review the child’s IFSP to identify whether any changes are needed, and consider whether compensatory services are needed.

10. Can we still go into homes to serve children?

TEIS issued guidance to providers on March 16, 2020 to suspend all face-to-face visits for the delivery of early intervention services. However, it is up to each agency to set their own policies as to how they will deliver services. When making these decisions, TEIS encourages agencies to review the [Executive Orders](#) signed by Governor Lee related to stopping the spread of COVID-19 for information that may be related to their business and check if their local community is under a shelter-in-place order, as many of our metropolitan areas in Tennessee are. TEIS further encourages agencies to review guidance from the [Center for Disease Control and Prevention \(CDC\)](#) for information on best practices to protect the health and safety of children, families, and staff and to prevent the spread of COVID-19.

Early Intervention Resource Agencies (EIRAs)

11. Are we expected to provide the same amount of intensity of services as listed in the IFSP during telehealth sessions?

No, the duration will depend on safety and on family needs and availability.

12. Are we expected to begin initial developmental therapy visits via teleconference for children that were referred to us prior to the change in face-to-face sessions?

Yes. Services should be initiated for all newly referred children based on family availability. Agencies should refer to the [resources](#) provided TEIS in this document and ensure services are provided utilizing these practices.

13. Will attendance requirements be waived for April?

Yes. Contract attendance requirements will be waived for April in light of the COVID-19 outbreak and the observation of social distancing measures.

14. For families who want to “pause” services, does there need to be a change in the child’s IFSP?

No. Document the family’s request in the contact log and no further service logs are required. Ensure that the early interventionist has contacted the child’s service coordinator so that they are aware of the change in service at this time. Do not close the child’s file unless specifically requested by the family.

March 25, 2020 – Frequently Asked Questions for EIRAs

Frequently Asked Questions COVID-19 Response for the Tennessee Early Intervention System (TEIS) Early Intervention Resource Agencies

We know that these unprecedented times are creating many questions for our TEIS partners. We hope the following questions and answers will provide guidance as well as reassurance that we are committed to continuing services while protecting the health of our families, partners, and employees. As this situation develops, we will continue to address new concerns.

1. What type of guidance or expectations will there be for teleconference visits?

We are currently working on guidance to support teleconference visits.

2. Will teleconference visits have the same duration requirement as the face-to-face visits on the Individualized Family Service Plan (IFSP)?

No, the duration will depend on family needs and availability.

3. My own children are out of school and childcare, making it challenging for me to provide live teleconferencing visits. Would it be possible for me to pre-record something to send to the families on my caseload?

That is an agency decision. However, if you choose to do so, the pre-recordings will not be documented in the service log as a developmental therapy visit, though they are a great way to support families during this time.

4. Can families be called by phone that do not have teleconference capabilities?

Yes, we encourage early interventionists to be in contact with families to provide support during this time.

5. Can families be emailed resources?

Yes, this is always encouraged.

6. How should we pay contract employees? How should we bill those who have contract employees?

This is up to the agency. TEIS will continue to pay agency invoices during this time.

7. What are the expectations for the center-based programs?

We encourage teleconference visits if the technology is available. Phone calls to support families are also highly encouraged, as well as opportunities for online professional development for staff.

8. Since service coordinators are inviting the developmental therapists to be part of six-month reviews and annual Individual Family Service Plan (IFSP) visits—but they are being done remotely—can early interventionists document this as a visit?

Participation in IFSP meetings is highly encouraged and should be documented based on the mode of participation. If the early interventionist participates in an IFSP meeting being held through teleconference, that meeting can be documented on the service log as a developmental therapy visit. Any other type of participation should be documented on the contact log. TEIS services may not be provided via FaceTime or other platforms that are not compliant with the Health Information Portability and Accountability Act (HIPAA) or Family Educational Rights and Privacy Act (FERPA).

9. Since the Building Best Practice (BBP) Conference has been canceled, can we receive training via a recording from the scheduled presenters?

More information will be provided on professional development opportunities, which may include information from BBP presenters.

10. Will there be an adjustment to the observation requirements for the quarter?

Yes, we are continuing to develop guidance for contract requirements.

11. Will there be an adjustment to the training hour requirements?

More information will be provided on professional development opportunities and expectations around the training hour requirement.

12. Could we have district training via WebEx on Family Guided Routines Based Intervention (FGRBI)?

More information will be provided on professional development opportunities to support the training hour requirement.

13. Could there be weekly communication on any updates or changes?

Yes, we are working on different avenues to provide communication. We are implementing weekly office hours through teleconference and are increasing written communication via email.

March 23, 2020 – Information for Families and Caregivers

Dear Families and Caregivers,

With the ongoing spread of COVID-19, we know many of you have questions and concerns about the early intervention services your child is receiving and how they will continue while we are all being encouraged to practice social distancing. We wanted to reach out to you and communicate with you about the steps we are taking to ensure everyone's health and safety.

TEIS has advised providers to:

- Suspend all face-to-face visits with children and families, including services in homes, childcare centers, and clinics.
- Provide services using a teleconferencing service (if the teleconferencing software meets specific requirements to protect your privacy).
 - The software must be Health Information Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) compliant. FaceTime is not a HIPAA/FERPA compliant platform.
 - Service providers who are using this option are required to report to TEIS the name of the software they will be using.
 - Phone calls without video between families and providers are encouraged but will not count as a therapy service.
- TEIS will pay for services delivered via teleconference where payment is denied by insurance or TennCare.
 - Providers have been given instructions for documentation of visits.
 - Parents should not receive a bill for services and should immediately forward any bills to their service coordinator.

We encourage parents and caregivers to discuss teleconference opportunities with their service coordinators and service providers. Phone conversations between providers and families are welcomed and encouraged during this time, but will not be paid as a therapy session. Providers may decide to continue services, and TEIS encourages parents and caregivers to discuss these decisions and the precautions they are taking to prevent the spread of illness.

Our TEIS employees and service coordinators are working during this time. TEIS encourages frequent communication between families and service coordinators. Communication should occur using the family's preferred method of communication, as established during

intake or updated by the family (phone, email, and/or text messaging). Regular IFSP services will resume as soon as possible. Any updates or changes to this guidance will be sent to you.

As always, please reach out to your service coordinator, TEIS district administrator, Joan.Kennedy@tn.gov or Jill.Rigsby@tn.gov if you have any questions or concerns. Our department is committed to the health and well-being of our TEIS families, providers, and employees. Your help and cooperation during these trying times are greatly appreciated. Thank you for your patience.

Sincerely,

Joan Kennedy
TEIS Director Part C Coordinator

Jill Rigsby
TEIS Director of Early Intervention Programming

March 16, 2020 – Guidance to Early Intervention Service Providers

TO: Early Intervention Service Providers
FROM: Joan Kennedy, TEIS Director Part C Coordinator
Jill Rigsby, TEIS Director of Early Intervention Programming
SUBJECT: Guidance for Early Intervention Service Provision during COVID-19 Outbreak

This guidance outlining procedures during the COVID-19 outbreak is effective as of the date of this communication and approved through March 31, 2020. Notification will be provided to service providers of any updates or further guidance. The guidance below is intended to protect the health of the children served by the Tennessee Early Intervention System (TEIS), as well as staff and service providers. TEIS utilized the [March 2020 guidance from the federal Office of Special Education Programs \(OSEP\)](#), which gives states authority to use Individuals with Disabilities Education Act (IDEA) Part C funds for activities that directly relate to providing, and ensuring the continuity of, Part C services to eligible children and their families.

Service Coordinators:

- Suspend all face-to-face visits with children and families.
- Provide service coordination through phone and teleconferencing.
- Teleconferencing is approved for Health Information Portability and Accountability Act (HIPAA)/Family Educational Rights and Privacy Act (FERPA) compliant platforms only. (Note: FaceTime is not a HIPAA/FERPA compliant platform.)
- District administrators must email Joan.Kennedy@tn.gov to inform the Tennessee Department of Education (the department) of which platform(s) their staff are using.
- At this time, visits completed through phone or teleconferencing may not be counted as targeted case management visits (TCMs).
- Document service coordination activities in the contact logs, noting activities completed via phone or teleconference.
- Upon instruction from the department, the services on a child's Individualized Family Service Plan (IFSP) must resume as soon as possible. Once services resume, the service coordinator and TEIS providers must determine if the child's service needs have changed, determine whether the IFSP Team should review the child's IFSP to identify whether any changes are needed, and consider whether compensatory services are needed.
- Service coordinators should keep clear documentation of any delays related to compliance indicators due to efforts to prevent the spread of COVID-19.

Early Intervention Resource Agencies (EIRAs):

- Suspend all face-to-face visits, including home visits, visits to childcare centers and homes, and visits for completion of Assessment, Evaluation, and Programming System (AEPS) assessments.
- Suspend all center-based services. Teleconferencing is recommended to support families during this time.
- Teleconferencing is approved for using HIPAA/FERPA compliant platforms only. (Note: FaceTime is not a HIPAA/FERPA compliant platform.) Agencies must email Jill.Rigsby@tn.gov to inform the department of which platform(s) their staff are using.
- The monthly attendance percentage requirement has been waived for March 2020. Agencies should submit monthly invoices and attendance reports as usual.
- Teleconferencing may be counted on the attendance report. The setting is "other" on the service log. Specify services were delivered via teleconference in the service log note.
- Agencies should document clearly any delays in timely service delivery due to efforts to prevent the spread of COVID-19.

Vendors:

- Vendors are encouraged to deliver services remotely. Teleconference is approved for HIPAA/FERPA compliant platforms only. (Note: FaceTime is not a HIPAA/FERPA compliant platform.) Vendors must email Jill.Rigsby@tn.gov to inform the department of which platform(s) their staff are using.
- For services delivered via teleconference, the setting is "other" on the service log. Specify teleconference in the service log note.
- For services delivered via teleconference, vendors should bill insurance and/or TennCare as first payers and submit an Explanation of Benefits (EOB) to TEIS for secondary payment as usual.
- Agencies should document clearly any delays in timely service delivery due to efforts to prevent the spread of COVID-19.

Eligibility Evaluation Agencies:

- Suspend all face-to-face visits, including eligibility evaluations.
- Submit monthly invoices to TEIS as usual.
- Agencies should document clearly any delays in timely service delivery due to efforts to prevent the spread of COVID-19.

Professional Development:

- The annual Building Best Practices conference has been canceled for 2020.

- The regional EIRA meetings scheduled in April have been cancelled, and the State Interagency Coordinating Council (SICC) meeting on April 21, 2020 will be held remotely (connection instructions will be provided via the TEIS website and the April TEIS newsletter).
- All providers and service coordinators are encouraged to focus on professional development during this time that they may be seeing fewer families.
- Professional development options that can be delivered remotely include podcasts (see links below) and materials on the [Family Guided Routines Based Intervention \(FGRBI\) website](#). Please reach out to the TEIS direct service coordinators (see below for contacts) for specific information. Service coordinators may reach out to their quality improvement team consultants.

TEIS Recommended Early Intervention Podcasts:

https://soundcloud.com/vanderbilt_vkc/sets?mc_cid=459791deb5&mc_eid=ad82a91c8a
<https://eionthefly.podbean.com/>

Direct Services Coordinators:

- West Tennessee: jane.Bard@tn.gov
- East Tennessee: Amy.Jenkins@tn.gov

Any questions or concerns should be directed to Joan.Kennedy@tn.gov and Jill.Rigsby@tn.gov.

March 13, 2020 – TEIS and COVID-19 Updates, TEIS Newsletter

We are reaching out to you regarding the COVID-19 outbreak. Please know we are following the developments closely and are committed to keeping TEIS employees, providers, and families safe. Providers and service coordinators should be in close communication with families to discuss upcoming visits and to continue to provide services, given everyone involved is comfortable. Below are links provided by the U.S. Department of Education to guide decisions in the days and weeks ahead. You will find guidance on providing services whether at home or in a community or clinical setting.

- Direct link to guidance for serving children with disabilities (Section B of the document relates specifically to Part C of the Individuals with Disabilities Education Act [IDEA]): [Questions and Answers on Providing Services to Children with Disabilities During the COVID-19 Outbreak](#) (March 12, 2020)
- Previously issued guidance documents including questions and answers applicable to school closings and distance learning (includes Part C of IDEA) [Non-Regulatory Guidance on Flexibility and Waivers for Grantees and Program Participants Impacted by Federally Declared Disasters](#)
- The federal Department of Education's COVID-19 webpage, which includes information and a number of additional resources: <https://www.ed.gov/coronavirus>

We are also in the process of compiling questions we have already received from providers regarding policies and procedures during this time, which will be addressed soon.

There is nothing more important than the well-being of our TEIS employees, providers, and families. We are monitoring this situation closely with help from the U.S. Centers for Disease Control and Prevention (CDC), Tennessee Department of Health, as well as other agencies. As the situation evolves, we will revisit these policies.

Please reach out to Joan.Kennedy@tn.gov your questions and concerns.

Resources

Best Practices for Conducting Tele-Intervention Home Visits

Tele-intervention home visits are early intervention services provided using video conferencing technology. Per the guidance provided dated March 16, 2020, TEIS is encouraging providers of early intervention services to utilize teleconferencing as an option for delivering early intervention services to children and families during the COVID-19 outbreak. Agencies should utilize the following best practices when conducting these visits¹.

1. Document communication between all team members (family, providers, service coordinator) stating that the child will be participating in tele-intervention home visits.

- Using a HIPAA/FERPA compliant platform, conduct a practice tele-intervention visit with families before the first scheduled tele-intervention visit.
- Communicate with the family via the family's preferred method of communication (email, text, or phone call) several days before the session.
- Confirm the appointment.
- Share via the family's preferred method of communication (email, text, or phone call) an outline of the session.
- Identify who will be participating in the session, both for the provider and the family.

2. Discuss arranging the home environment with the parent.

- Where will the computer or other device sit?
- Who will be in the room?
- Where will everyone be located for the session?

3. Provider should prepare a location for the session.

- Set up your room.
- Check the lighting.
- Evaluate your background area and remove any distractions.
- Place a sign on your door to eliminate unauthorized people from entering your session.
- Turn your phone to silent.
- Close all programs on your computer not needed for the session.
- Ensure all technology necessary for the session is charged.
- Check your microphone to make sure it is on and properly located.

¹ Modified from: Indiana First Steps' COVID-19 Policies, Best practice for conducting virtual visits

- Adjust your camera to allow for direct eye contact with the family.

4. Begin the session by ensuring the technology is working properly.

- Follow the same preparation procedures, as you did for the test session.
- Greet family and ask if they can see and hear you on a scale of one to five, five being great and one being poor.
- Close session and start over if there are problems.
- Share your impressions and tell the family how to adjust their equipment.
- Make sure both the provider and the caregiver have their cell phones accessible in case there is a need to talk through troubleshooting a technical issue.

5. During a tele-intervention visit, providers should do many of the things they would normally do.

- Check-in with the family and see how things are going.
- Review goals and activities from previous sessions.
- Give parents strategies and techniques that can help the child and family reach outcomes.
- End session by answering any questions from the family, ask for feedback, and discuss goals to work on for the next session.

Framework for Conducting a Tele-Intervention Session with a Parent²

Prepare the family: Speak with the parent via phone to make sure they are on board with a tele-intervention home visit and that they have the capability. Find a time and day that works for them. Ask to mail or email your agency's consent form, along with an information form. Let them know you will "see" them via videoconference during the visit as opposed to in person. Make sure all technology is appropriate for the session. Review checklist. Schedule a time that works best for the parent.

STEP 1: Connect, take control, and agree on the agenda.

Connect with the parent by checking in, as usual, to find out how they are doing and how they are dealing with all the changes. Ask the parent their priority or the focus they wish to discuss and decide on the agenda for the call. This helps to use the time wisely. Remind the parent how much time you will have together and explain what the session will look like.

² Modified from: 6-Step Framework for Conducting a Great OT Consult Call with a Parent, Outdoor Kids OT, Laura Par Figueroa and Indiana Provider Face to Face Visit Summary-Virtual Visit

Example: *"Since we agreed on talking for 35 minutes today, I want to make sure we use our time wisely to best help your family. We can start by talking about your concerns for Johnny or things you want to be working on with him. Then we can spend most of our time problem-solving together so you leave this session feeling confident that you have some new ideas and clear ways to support Johnny in those areas. Sound good?"*

STEP 2: Start with check-in

What has happened since the last visit?

STEP 3: Focus

Have the parent identify their concerns about their child and/or their routines.

STEP 4: Reflection

What has the parent done to address this concern, if anything?

How do they feel about what is happening?

STEP 5: Brainstorm and Problem Solve

Ask open-ended questions to get information and work together to develop strategies. If appropriate, encourage the parent to try while you watch or discuss their thoughts on what it will look like.

STEP 6: Participation

What activities did you do during the visit? How did the family participate? What was discussed/taught/tried?

STEP 7: Planning

Have the parent pick **one or two goals** to work on for the next session. Offer to email any resources that were talked about in today's session.

Things to remember:

- Remember the entire family is our client. Some solutions generated may be for the parent. Perhaps, the parent needs to rest, or remember to breathe, or simply spend quality time outdoors with their child with no agenda.
- Take the perspective of the parent, let them choose the solutions that work for them and that they believe will be effective in their family life.

Tips for ending a session on time:

- Keep an eye on the clock and remind the parent of how much time is remaining on the call.
- Begin to wrap up five minutes earlier than the call is set to end to allow for last-minute questions.

Quick Tips for Supporting Your Young Child During the COVID-19 Pandemic³

With most childcares being closed and caregivers working from home, many of us are wondering how to best support our children during this unusual and somewhat unpredictable time. Below are a few simple tips for supporting you and your child.

- Be aware of what you are talking about when your child is present, especially regarding COVID-19 and other potentially troubling information. Children often pick up on more than we realize and have a harder time expressing their worries.
- We all benefit from structure, especially young children. Consider adding some structure to your days at home. It doesn't have to be complex. A simple daily schedule with a plan for meals/snacks, indoor play, outdoor play, quiet/nap time, reading books, bath and bedtime routines may suffice.
- Our daily schedules are likely a bit out of the ordinary right now. So, this is a great time to introduce a visual schedule to help clarify expectations for your child and make an unusual day more predictable.
- Embed choices (e.g., which cup to use, which PJs to wear, what toy to play with) throughout daily routines and activities to give your child a little control over their environment during this uncertain time.
- Make sure your child is getting plenty of physical activity. A cooped-up toddler can be busy. Plan for some physical play at least once in the morning and again in the afternoon. [GoNoodle.com](https://www.gonoodle.com/) offers some fun and brief interactive videos to get your child moving when the weather isn't cooperating with outdoor play.
- Plan for reinforcement! We could all use a little extra right now. How will you reward your child periodically throughout the day for positive behavior?
- Don't panic if your child seems a little more irritable or emotional. Changes in routine can be hard on all of us. Maintain behavior expectations and follow through with instructions. But also consider decreasing unnecessary demands and provide a little extra support with non-preferred routines if your child is seeming a little sensitive right now. Remember to take care of yourself too.

³ © Vanderbilt TRIAD

- Don't beat yourself up about a little extra screen time. We want to be careful to keep children engaged with more meaningful activities throughout the day, but a little extra screen time while we're adjusting to a change in routine is okay.
- Consider making that screen time educational; there are several free educational apps for toddlers and preschoolers.
- Take care of yourself and your stress level, too. If you're feeling overwhelmed, take a short walk, take a shower or go into another room to for a short break. Plan for a short break at a specific time each day.
- Consider using facetime/video chat to connect with friends and family each day to stay in touch with your support system.
- For additional ideas and resources, visit <https://afirm.fpg.unc.edu/supporting-individuals-autism-throughuncertain-times>.

Video Resources

- [Vanderbilt Treatment and Research Institute for Autism Spectrum Disorder](#)
Various support sessions for professionals and families. Some require pre-registration.
- [Tele-Intervention and the Routines Based Model](#)
This article by Dr. McWilliam explains tele-intervention, the research behind tele-practice, how to use tele-practice for the Routines-Based Interview, and how to use tele-intervention for home visits.
- [Tele-intervention 101 for Families, Providers, and Administrators](#)
These online introductory videos are available for families, providers, and administrators on how to use technology for tele-intervention (specific to children with hearing impairment but can be used and generalized for any child/family).
- [Getting started with Tele-health for Early Intervention: Providers-Tips and Tricks](#)
An occupational therapist and physical therapist outline how to deliver services using technology and a tele-health method. This is more specific to therapy, but again, good information to incorporate into your visits.

TEIS Recommended Early Intervention Podcasts

- [TRIAD Building Best Practices: Continuing the Conversation](#)
- [EI on the Fly: A podcast focused on all things early intervention](#)

Helpful Websites

- [Center for Disease Control and Prevention](#)
 - [Learn the Signs. Act Early.](#) Developmental milestones information

- [Early Childhood Technical Assistance Center](#)
- [Federal Department of Education,](#)
 - [Office of Special Education Programs](#)
- [Federal Department of Health and Human Services \(HHS\) information about telehealth during COVID-19](#)
- [Governor Lee's Executive Orders](#)
- [Tennessee Department of Intellectual and Developmental Disabilities](#)
- [Tennessee Department of Health](#)
- [TennCare](#)
- [Tennessee Department of Economic and Community Development \(for COVID-19 Broadband Resources\)](#)
- [TRIAD](#) – Vanderbilt Kennedy Center, Treatment and Research Institute for Autism Spectrum Disorders